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per 10,000 of the population in the former period was 56.60, and in the latter 30.58. In the case of measles the author finds that school attendance has a marked influence in its spread, the figures being, for the vacation quarter, August–October, 3054, and for the other quarters, November–January, 11,865; February–April, 13,253; May–July, 13,147.

In that portion of the book which relates to the influence of the weather he adopts a series of five grades of temperature and four of air moisture, and discusses the influence of these conditions separately and in combination. The grades are as follows: —

Temperature, C.	Degrees of Moisture.
Below 0	Below 50
0-5	50-60
5-14	60-80
14-18	Above 80
Above 18	

None of his conclusions in this portion of the book give evidence of a very decided influence of those two conditions upon the prevalence of the diseases specified, and in the case of measles he finds that school attendance far outweighs any meteorological conditions in its influence. A very full set of statistical tables accompanies the text arranged by days, periods of five days, weeks, and months; containing observations upon barometric pressure, temperature, moisture, prevailing winds, and reported cases of disease for each day, week, and month.

S. W. A.

MORTALITY IN AUSTRALIA.

Tropical Mortality. By Richard Teece, F.I.A., F.F.A., Actuary of the Australian Mutual Provident Society.

This is an interesting study of an antipodean insurance society's experience in the colony of Queensland, Australia, covering a period of thirteen years from 1875 to 1888. The Colony, as Mr. Teece says, "extends from about 29° S. to about $10\frac{1}{2}$° S.," and "lies largely within the torrid zone." Consequently, this experience is of peculiar value. It covers 14,735 policies and 12,780 lives; 1089 policies were already in existence when the term began. The experience showed a mortality greater by 16.1 per cent than would have been expected, according to the Society's general experience, during the same period;

this on the basis of the true age, about one-third of the lives being rated at higher ages. The mortality was, however, 17 per cent lower than would have been expected according to the HM Table. Calculating at the assumed ages, the mortality was 15.9 higher than would be expected according to the Society's general experience, and 22.8 per cent lower than would be expected according to the HM Table.

The lives which were accepted at actual ages show a mortality 20.7 per cent higher than would be expected according to the Society's general experience, and 22.9 per cent lower than according to the HM Table. The lives which were rated up are, taken at the true ages even, more favorable in proportion to the lives rated up in the general experience of the Society. The mortality experienced was 11.6 per cent higher than according to the general experience, rated-up lives taken at actual ages, and 10.8 per cent higher than the general experience, rated-up lives, at the assumed ages. As compared to the deaths expected according to the HM Table, the actual mortality was 9.1 per cent and 12.7 per cent lower, respectively.

Mr. Teece makes a number of comments upon this showing, all of them pertinent and interesting. The most suggestive and important is the following: —

" Had the impaired lives only been all taken at their true ages the rate of mortality would still have been about 9 per cent less than that shown by the HM experience. In my General Report on the Mortality Experience of the Society, p. 45, I said: 'The HM Table shows a decidedly high rate of mortality, and I do not think that the death rate in any prudently conducted office receiving a large yearly accession of new business should, during the first fifty years of its existence, equal that shown by the HM Table.' With this experience before me I am inclined to go further, and say that the HM Table cannot be relied on in these days by any office as a standard by which to measure the expected death claims."

A continuation of statistical research of this careful and painstaking character will soon enable actuaries to construct mortality tables suitable to differences of locality and of occupation. Meanwhile, it is agreeable to note that the deficiences of the HM Table have not escaped the notice of the Institute of Actuaries which framed it. The Institute and the Scottish faculty are even now engaged in getting together material for the construction of a new one.

MILES MENANDER DAWSON.